WELL CONSTRUCTOR'S REPORT TO WISCONSIN STATE BOARD OF HEALTH See Instructions on Reverse Side

1. County Crassford	Town Check one and give name T R
	(City
2. Location Part of block 5-8 Prairie ale Name of street and number of premise	Church and Bance numbers
3. Owner or Agent Wilbert Werold +	
Name of individual,	partnership or firm
4. Mail Address Prairie Pladium Complete add	127 minnagota St.
5. From well to nearest: BuildingLQft; sewerft; drainft; septic tankft;	
dry well or filter bedft; abandoned well	ft
6. Well is intended to supply water for: Danle	ne allue
7. DRILLHOLE:	10. FORMATIONS:
Dia_ (in_) From (ft.) To (ft.) Dia_ (in.) From (ft.) To (ft.)	Kind (it.) (it.)
6" 0 259'	land 0 156
	-
	Dan Shale 156 256
8. CASING AND LINER PIPE OR CURBING: Dia. (in.) Kind and Weight From (ft.) To (ft.)	Sandstone 256 259
6" standard Pipe 0 159	IVED RECEIVED
	.
AFR 4	4.00
9. GROUT:	1300 ENVIRONNIE VTAL
Kind From (ft.) To (ft.)	TARY
ENGIN	EERING
	Construction of the well was completed on:
11. MISCELLANEOUS DATA:	Qct 31 1959
Yield test: Hrs. at 40 GPM.	The well is terminatedinches
	above, below the permanent ground surface.
Depth from surface to water-level: $\mathcal{Z}_{}$ ft.	Was the well disinfected upon completion?
Water-level when pumping:£Zft.	
	Yes No
Water sample was sent to the state laboratory at:	Was the well sealed watertight upon completion?
madison on nov. 3 1959	Yes No
Signature Duane Lubbers	Farmersburg, Lowa
Signature Registered Well Driller	Complete Mail Address
Please do not wri	te in space below
Rec'd No No	10 ml 10 ml 10 ml 10 ml
	Gas—24 hrs
Ang'd	
Interpretation	48 hrs
	Confirm
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	Examiner